MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10597853

APPLICANT(S)

9 8 JUL 2008

CLAIMS

	AS FILED			AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP	. IND	. DEP			
. 1							
2		/					
3	<u>.</u>	1/		/			
4		1/					
5	<u> </u>	14	<u> </u>	1/			
6		14		1/	<u> </u>		
7	ļ	+-	- 	1/:		ļ	
9	 	 /- -		1/_		ļ	
10		+-		-1/-	<u> </u>	.	
11	<u> </u>	+		+	 		
12		10	 	1-/-		· ·	
13		10	1	 / 		 	
14		17/		+	 	 	
15	-	17	 	+/-	 	 	
16		17	1	1/	1		
17		1	1	1/			
18					1		
19							
20					·		
21		ļ					
22		ļ	<u> </u>	<u> </u>	<u></u>		
23			 -	ļ			
24 25		 	ļ	 	ļ	_	
26		 		 	 		
27		 	 	 	<u> </u>		
28		 	 	 			
29	 -		f	 			
30				 			
31							
32							
33							
34							
35 .							
36.							
37	·						
38		•		<u> </u>			
39				ļ			
40			<u> </u>	 -			
41				ļ			
43		`	·				
		·		 			
45				 	 		
46				 			
47			<u> </u>		 		
48				 	 		
49					 		
50			-				
OTAL							
IND.	1	▼		▼		▼	
OTAL DEP.	15	(15,	(-		4	
OTAL LAIMS	16		10				

51 52 53 54 55 56 57	AS F	DEP.	I"AM	FTER ENDMENT DEP.	2 [™] AMI	TER ENDMENT DEP.
51 52 53 54 55 56	IND.			DEP.	IND.	DEP.
52 53 54 55 56						
53 54 55 56						
54 55 56						_ .
55 56	· ·				.1	
56	·			_1		
		· ———				
1 57 1						
58			<u> </u>			
59				<u> </u>		
60		·	ļ		<u> </u>	
61						
62			 			
64		 -	 	 	}	
65	- 			 	ļ	ļ
66			 	+		
. 67		 :	 	 		
68				 		
69	$\overline{}$		 	+		-
70				 		
71				 	-	-
72		-	<u> </u>	†		
73		-				
74						
75						
76						
77						
78					•	
79						
80				<u> </u>		
81	 -					
82	<u></u>		·			
83			·	ļ		
84				ļ		
85 86				 		
87						
88	 -			ļ		
89						
90						
91						
92						 -
93					·	
94						
95						
96						
97						
- 98						
- 99						
100						
TOTAL IND.		+		4		#
TOTAL DEP.	•	(-		(#
TOTAL CLAIMS						